



Morgan Expressions

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Horse Boarding Contract

Stall Board (\$_____)

Pasture Board (\$_____)

Date Horse Arrived _____

_____ (Barn Manager Initial)

■ **Owner Information**

Name _____

Billing Address _____

City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact / Agent _____

Phone _____

■ **Horse Information**

General

Barn Name _____

Registered Name _____

Reg. # _____ Breed _____

Sex _____ Color _____

Age _____ Markings _____

Insurance Information (if applicable)

Insurer _____

Policy # _____

Phone _____

Health

Coggins Test Date _____

Negative Positive (check one)

Dates of Last Vaccinations

Tetanus _____ Virus/Flu _____

Rhino _____ VEE _____

E & W Encephalomyelitis _____

Rabies _____ West Nile _____

Other _____

Date of Last Deworming _____

Type of Wormer Used _____

As the rightful owner of _____ (herein known as “the horse”), I, _____, understand and agree to the following:

- All boarding charges due to Morgan Expressions (ME) must be paid on or before the first day of each month. If board is not received by the 15th day of the month, a late fee of \$25 will be assessed.
- Should board become delinquent for 60 days, I hereby grant a lien on the horse to ME for all unpaid charges according to the laws of the state of MN.
- To the best of my knowledge, the horse has not been exposed to any contagious or infectious diseases for the two weeks prior to arriving at Morgan Expressions.
- The horse will receive veterinary medical services, as-needed, for injury or illness.
- I understand and agree to the ME policy regarding emergency care as outlined below.

Emergency Care

■ In the event of a medical emergency, such as colic, I will be contacted by ME staff to make the decision regarding treatment, at that time. If I am unavailable, I give ME permission to get in touch with the emergency contact/agent listed on the reverse side of this form, who would then have permission to make decisions regarding medical treatment for the horse. In the event that neither I, nor my emergency contact/agent can be reached, ME veterinary opinion will prevail and services will be rendered not to exceed \$ _____ in cost. I understand that I am responsible for all costs incurred.

Indemnity

■ Reasonable precaution is taken by ME to protect the horse from illness, injury, accident, fire, and theft. ME and/or stable management shall not, while exercising reasonable care, be held responsible for accident, illness, injury, fire, or theft of the horse. Boarder absolves and agrees to hold harmless Morgan Expressions, and its employees of any liability involving the boarder or the agent working with the horse on Morgan Expressions property during the term of this boarding contract. This includes injury or death to the boarder or agent, injury or death to the horse, and property damage to vehicles and equipment.

WARNING:

Under Minnesota law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. (MN ST 604A.12)

_____	_____
Owner's Signature	Date
_____	_____
Barn Manager's Signature	Date